

ANONYMOUS

Witness Name: **GRO-B**

Statement No.: WITN2151002

Exhibits: WITN2151003-020

Dated: 21st July 2021

INFECTED BLOOD INQUIRY

EXHIBIT WITN2151003

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THE Central Sheffield University Hospitals

DIRECTORATE OF MEDICINE
(DEPARTMENT OF HAEMATOLOGY)

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FEP/SLR
3 July 1995

Ms Jean Abbott
Paul & Williamsons, Solicitors
24 Melville Street
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Dear Ms Abbott

GRO-B

Thank you for your letter dated 27 June 1995. My answers to the questions that you have posed are as follows-

1. The PTTK is a simple screening test of coagulation. It is carried out on blood plasma which is obtained from blood samples obtained from patients under investigation for possible bleeding disorders. An abnormal, ie prolonged PTTK indicates a non-specific abnormality of coagulation. The prolonged PTTK obtained on blood samples from **S** was a reflection of his low factor VIII:C levels.

2. In the context of the inherited bleeding disorder, a factor VIII level of 7 1/2 % is a feature of either haemophilia or von Willebrand's disease. The entry in the medical notes dated 21.7.83 strongly suggest that the diagnosis of von Willebrand's disease became known on that date but after the administration of DDAVP and cryoprecipitate.

3. In a letter to Dr **GRO-B** from Dr C A Ludlam dated 2 September 1983, it states that the ristocetin cofactor was 0.43 u/ml. In a letter written by Dr **S** dated 22nd July 1983, it states "... the Ristocetin co-factor was less than 0.05 mmols." I do not know which tests were carried out on the 15th July. In the information made available to me, it is not possible to say whether the results of the tests could have been made available on the 20th July before treatment was given.

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4. Since [S] failed to respond satisfactorily to the first infusion of factor VIII concentrate, I believe that some consideration should have been given to possible reasons for this. I should stress that in the context of viral transmission, if the same batch of material was administered on the second occasion, then it is unlikely that this would have had an additive effect on the eventual development of chronic liver disease.

5. From the medical records, I think there are clear indications that [S] did require treatment when he was taken to hospital on 20th July 1983.

6. Although the risks of viral transmission by blood products were recognised in 1983, an argument can always be made that it has been balanced against the morbidity that might result from withholding treatment. At that time, I believe that the treatment of choice for von Willebrand's disease was cryoprecipitate, as indicated in my initial report, it is my view that the most likely source of the HCV infection was the concentrate that was used in 1983 during [S] first admission.

Yours sincerely

GRO-C

F E PRESTON
Professor of Haematology